Maternal and Child Health Title V Block Grant Application for 2017 and Report for 2015
Maternal and Child Health Data Sources

The following are data collected/used by the Maternal and Child Health (MCH) Program in Nevada. Data are used to track and evaluate MCH Priorities, measures, outcomes and the associated risk factors.

1. Vital Records includes both electronic birth and death certificates data to identify and analyze MCH issues such as preterm birth, low birthweight, infant mortality, prenatal care, substance use, among others.

2. Medicaid (Nevada Division of Health Care Financing and Policy) dataset is used to identify services in the MCH population (e.g. Long Acting Reversible Contraceptives LARCs, substance use). MCH also links Medicaid dataset to vital records to conduct analyses on various MCH outcomes.

3. Hospital inpatient and hospital emergency datasets are used to analyze the prevalence of maternal substance use during pregnancy and adverse pregnancy outcomes for the mother. These datasets do not have identifiers making it difficult to complete data linkages with vital records.

4. Pregnancy Risk Assessment Monitoring System (PRAMS) PRAMStat is an online data resource developed to provide public access to over 250 maternal and child health indicators. As of 2016, Nevada became a PRAMS state and will be able to analyze state-specific data from this data source when data becomes available.

5. Newborn Screening and Early Hearing Detection and Intervention datasets are used to analyze genetic, endocrine, metabolic and hearing disorders that can affect a child's long-term health or survival. These datasets are also linked to birth certificate data for analyses.

6. Women, Infants and Children (WIC) Nutrition Program. MCH uses WIC data for various purposes such as analyzing breastfeeding duration and body mass index (BMI) rates in various counties as well as in the state overall. In addition, MCH links WIC data to birth certificate data as well as Medicaid to conduct analyses.

7. American Community Survey (ACS) Census.gov is an annual survey used by MCH for insurance coverage indicators. In the past, MCH used Kaiser Family Foundation (KFF.org) for insurance data.

8. <u>Nevada Birth Outcomes Monitoring System (NBOMS).</u> MCH uses NBOMS: to investigate the causes of birth defects and other adverse birth outcomes; to determine, evaluate and develop strategies to prevent the occurrence of birth defects and other adverse birth outcomes; to assist in the early detection of birth defects; and to assist in ensuring the delivery of services for children identified with birth defects. MCH also links this dataset to other datasets such as birth certificate and Medicaid to analyze various MCH outcomes.

9. <u>Nevada State Demographer's Office.</u> The demographer's office conducts annual population estimates for Nevada's counties, cities, and unincorporated towns as well as the county populations by age, sex, race, and Hispanic origin. The office also produces population projections.

10. <u>The Nevada Rural and Frontier Health Data Book</u>. MCH uses this data book to identify current information on the demographic characteristics of rural and frontier Nevadans: social and economic characteristics, population health status indicators, health insurance coverage, healthcare workforce (including numerous per capita data for many licensed health care occupations by county), health care resources, and the economics of healthcare.

11. <u>Behavioral Risk Factor Surveillance System (BRFSS)</u> is used to assess risk for chronic diseases, identify demographic differences in health-related behaviors (such as smoking, alcohol use), evaluate emerging health issues, evaluate public health policies and programs, assess special populations and geographic regions in the state, and measure progress toward achieving MCH priorities and performance measures.

12. <u>Youth Risk Behavior Surveillance Survey (YRBSS)</u> is used to assess health-risk behaviors among youth including: sexual behaviors associated with unintended pregnancy and sexually transmitted diseases, tobacco and alcohol use, inadequate physical activity, among others.

13. <u>County Health Rankings</u> is used to analyze the health factors and outcomes of all counties in the state and their rankings within the state.

14. <u>Nevada Office of Labor Commissioner</u> provides wage rates per county.

15. <u>Nevada Department of Education: Nevada School Performance Network</u> is used for educational statistics on Nevada's children.

16. <u>Substance Abuse and Mental Health Services Administration</u>: MCH uses state level data and trends on substance abuse, mental health, and access to treatment.

17. <u>Oral Health:</u> MCH uses Centers for Disease Control and Prevention (CDC) state reports on oral health, oral health care access, and information on fluoridation.

18. American FactFinder and State and County QuickFacts (U.S. Census Bureau) are used by MCH to get population, housing, geographic, and economic data as well as various other statistics for counties, the State, and to compare results with national data.

19. CDC Wonder for various MCH-related indicators.

20. National Center for Health Statistics (NCHS) links to CDC statistics tools such as Health Data Interactive, CDC WONDER, and NCHS Data Online Query System.

21. National Survey of Children's Health was last conducted in 2012. Updated data will be available in 2017.

22. Nevada Immunizations data is used to report seasonal vaccinations of children and adolescents against influenza, routine vaccinations, HPV vaccinations, Tdap vaccinations, and meningococcal conjugate vaccinations.

23. Nevada Kindergarten Health Survey. This survey is conducted by the Nevada Institute for Children's Research & Policy and collects data on the health status of children entering kindergarten in Nevada. Data reflects weight status and BMI, hours in preschool, hours of sleep per night, medical conditions, among others.

24. CMS Hospital Compare. The most recent data available is for Q1 2015. MCH uses this dataset to get information on non-medically indicated early elective deliveries.